

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 544294

FILING DATE

8.3.05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7		6		1		
8		7		1		
9		8		1		
10		9		1		
11		10		1		
12		11		1		
13		12		1		
14		13		1		
15		14		1		
16		15		1		
17		16		1		
18	1		1			
19		1		1		
20		2		1		
21		3		1		
22		4		1		
23		5		1		
24		6		1		
25		7		1		
26		8		1		
27		9		1		
28		10		1		
29		11		1		
30		12		1		
31		13		1		
32		14		1		
33		15		1		
34		16		1		
35		17		1		
36		18		1		
37		19		1		
38		20		1		
39		21		1		
40		22		1		
41		23		1		
42		24		1		
43		25		1		
44		26		1		
45		27		1		
46		28		1		
47		29		1		
48		30		1		
49		31		1		
50		32		1		
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		29	←		←
TOTAL CLAIMS			27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

C. Burt